

SWIMMING POOL/BATHING BEACH ANALYSIS

The sample must be received in the laboratory within 48 hours after collection. Sample will not be tested unless there is at least 1/2 inch air space in bottle for shaking purposes.								
DATE SAMPLE COLLECTED (MUST HAVE)				BOTTLE NUMBER				
MO DAY	YEAR	HOUR	A.M.					
			P.M.	Free C	hlorine		ppm	pH
SAMPLE COLLECTED BY (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)								
NAME								
AGENCY								
ADDRESS								
CITY					STATE			ZIP
TELEPHONE NUM	MBER ()			FAX ()		
POINT OF COLLECTIO	N							
OWNER OF POOL/BEACH					TELEPHONE	NUMBE	R	
					()			
LOCATION OF POOL/BEACH					COUNTY			
ADDRESS					STATE		ZIP	
SAMPLE COLLECTED FROM								
SWIMMING POOL DEEP SHALLOW				BATHING BEACH DEEP 6'				
☐ WADING POOL					ED AT A:			O IACCON 5
SPA or HOT TUB				LAK				
☐ WATER SLIDE				☐ POI				
OTHER (Identify)					ER (Identify)			
LABORATORY REPORT			1		,			
	HYLOCOCCI/100	ml				FECAL	COLIF	ORMS/100 ml
TOTAL COIFORM/100 ml						_ E. coli /		01111011001111
ENTEROCOCCI/100						CI/100 ml		
UNSATISFACTORY FO	RTESTING							
OUTDATED: RE	CEIVED IN LABO	RATORY MORE	THAN	48 HOU	IRS AFTER CO	DLLECTION	ON.	
☐ INCOMPLETE O								
Assistance in the interpretation of this report may be obtained from your county health department or Missouri Department of Health district office.								
DATE REPORTED	TECHNICIA	N LABOR	ABORATORY NUMBER					
MO 580-0749 (12-99)		PLEASE PR						Lab. 17 (12-99)

COLLECTOR: PLEASE RETURN ALL 3 COPIES.
MAKE SURE ADDRESS IS LEGIBLE.